



AGENT \_\_\_\_\_ District \_\_\_\_\_  
Asst. Supt. \_\_\_\_\_

# APPLICATION FOR INSURANCE IN The Prudential Insurance Company of America

For Office Use. Examined by \_\_\_\_\_ Approved by \_\_\_\_\_  
Incorporated as a Stock Company by the State of New Jersey  
HOME OFFICE, NEWARK, NEW JERSEY

SEE THAT ALL QUESTIONS ARE CORRECTLY ANSWERED BEFORE SENDING APPLICATION TO THE HOME OFFICE, AND THUS AVOID DELAY IN ISSUANCE OF POLICY.

Questions to be answered by the person whose life is proposed for insurance if age is 15 years NEXT birthday or over, but if younger, by the Parent or Guardian.

1. Full name of person to be insured \_\_\_\_\_

No. \_\_\_\_\_ Street \_\_\_\_\_ ADDRESS \_\_\_\_\_ Town \_\_\_\_\_ Floor \_\_\_\_\_ Front or Rear \_\_\_\_\_ Right or Left \_\_\_\_\_

Does applicant live in tenement on rear of lot? \_\_\_\_\_ Does applicant live in basement? \_\_\_\_\_ How many rooms occupied by family? \_\_\_\_\_ How many members of family, including boarders? \_\_\_\_\_

2. If employed, firm name and address \_\_\_\_\_

3. DATE OF BIRTH. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ 4. AGE NEXT BIRTHDAY \_\_\_\_\_ 5. AMOUNT OF INSURANCE. \$ \_\_\_\_\_ 6. WEEKLY PREMIUM. \_\_\_\_\_ cts.

7. PLACE OF BIRTH. (State or Country.) \_\_\_\_\_ 8. RACE. (White or Colored.) \_\_\_\_\_ 9. SEX \_\_\_\_\_ 10. MARRIED OR SINGLE. (If Adult.) \_\_\_\_\_ 11. OCCUPATION. (Omit for lives less than 13 years.) \_\_\_\_\_

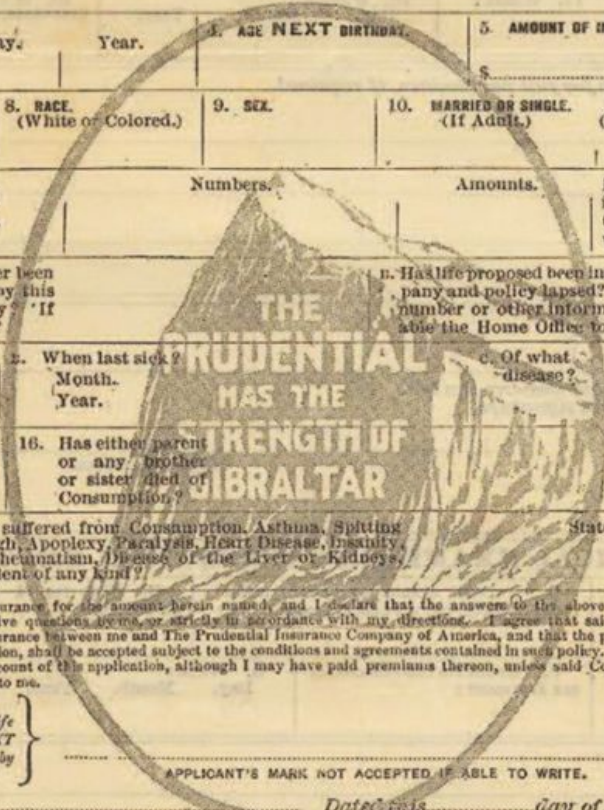
12. Is life proposed now insured in this Company? \_\_\_\_\_ Numbers \_\_\_\_\_ Amounts \_\_\_\_\_ Is life proposed now insured in any other Company? If so, for what amount? \_\_\_\_\_

13. a. Has life proposed ever been rejected or postponed by this or any other Company? If so, by what Company? \_\_\_\_\_ b. Has life proposed been insured in this Company and policy lapsed? If so, give policy number or other information that will enable the Home Office to locate it. \_\_\_\_\_

14. a. What is the present condition of health? \_\_\_\_\_ b. When last sick? Month \_\_\_\_\_ Year \_\_\_\_\_ c. Of what disease? \_\_\_\_\_ d. Does any physical or mental defect or infirmity exist? \_\_\_\_\_

15. Height and Weight. ft. \_\_\_\_\_ in. \_\_\_\_\_ lbs. \_\_\_\_\_ 16. Has either parent or any brother or sister died of Consumption? \_\_\_\_\_ 17. Have you ever used liquor to excess? \_\_\_\_\_

18. Has life proposed ever suffered from Consumption, Asthma, Spitting of Blood, Habitual Cough, Apoplexy, Paralysis, Heart Disease, Insanity, Fits or Convulsions, Rheumatism, Disease of the Liver or Kidneys, Cancer, Ulcers or Accident of any kind? \_\_\_\_\_ State what disease. \_\_\_\_\_



I HEREBY APPLY for insurance for the amount herein named, and declare that the answers to the above questions are complete and true, and were written opposite the respective questions by me, or strictly in accordance with my directions. I agree that said answers, with this declaration, shall form the basis of a contract of insurance between me and The Prudential Insurance Company of America, and that the policy which may be granted by the Company in pursuance of this application, shall be accepted subject to the conditions and agreements contained in such policy. I further agree that no obligation shall exist against said Company on account of this application, although I may have paid premiums thereon, unless said Company shall issue a policy in pursuance thereof, and the same is delivered to me.

Signature of Applicant. \_\_\_\_\_  
To be made by the person whose life is to be insured if 15 years old NEXT birthday, or over, but if younger, by the Parent or Guardian. \_\_\_\_\_  
APPLICANT'S MARK NOT ACCEPTED IF ABLE TO WRITE. \_\_\_\_\_  
State relationship of person who signs, if life proposed is less than 15 years old NEXT birthday. \_\_\_\_\_  
Witness \_\_\_\_\_ Date \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

### AGENT'S CERTIFICATE

This certificate must in all cases be signed by the Agent himself after the above questions are all answered and he has seen the party whose life is proposed for insurance and is satisfied that same is a first-class risk. It must also be signed by the Assistant Superintendent if he secured the application.

A. Is the applicant a relative of yours? \_\_\_\_\_ State relationship \_\_\_\_\_ B. What amount of premiums have you collected in advance? \_\_\_\_\_ cts.

I CERTIFY that I have this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_, personally seen and questioned the applicant herein named, and I recommend the Company to accept the risk.

Assistant Superintendent \_\_\_\_\_ Agent \_\_\_\_\_

\*If a policy is already in force in this Company on life proposed, and this application is for additional insurance, the policy must be sent to the Home Office attached to the application, which should be marked in the left-hand margin "ADDITIONAL." If application is for increased or decreased insurance, and the existing policy is to be lapsed, a lapse schedule containing particulars of the policy, as well as the policy itself, must be attached to the application.

Ind 1-Rev 12-09

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA  
HOME OFFICE, NEWARK, N. J.

No. \_\_\_\_\_ 19 \_\_\_\_\_

Received from \_\_\_\_\_

\_\_\_\_\_ cents, which is a payment on account of application this day made for insurance in the above-named Company. No obligation is incurred by said Company by reason of this payment, unless said application is accepted and a policy granted and delivered.

Agent \_\_\_\_\_

Corporate Heritage & Historical Archive

Unless you receive your policy, or your money is returned within three days after the date of this receipt, please notify the Company, giving name of Agent, amount paid, and the date when paid.

## INSTRUCTIONS FOR THE MEDICAL EXAMINER

When the amount of insurance applied for is \$250 OR OVER, or when the amount applied for together with any insurance previously issued and now in force on the same life EQUALS OR EXCEEDS \$250, a MEDICAL EXAMINATION is to be made by a regularly appointed Medical Examiner of the Company.

When the amount applied for or to be in force as specified in preceding clause is LESS THAN \$250, the regularly appointed Medical Examiner is to make a MEDICAL INSPECTION.

When the age of Applicant is 9 YEARS NEXT BIRTHDAY OR UNDER, neither an examination nor an inspection is necessary except when specially ordered.

Applications upon which the signature of the applicant has been previously attached to the Medical Examiner's Report in space marked "Signature of party examined," or on which the signature is omitted under the declaration on the other side, in space marked "Signature of Applicant," should be sent to the Home Office without examination.

SEE THAT ALL QUESTIONS ARE CORRECTLY ANSWERED BEFORE SENDING APPLICATION TO THE HOME OFFICE, AND THUS AVOID DELAY IN ISSUANCE OF POLICY.

IMPORTANT POINTS: A PERSONAL EXAMINATION OR INSPECTION—THE AGE NEXT BIRTHDAY—THE HEALTH—THE APPLICANT'S SIGNATURE.

### MEDICAL EXAMINER'S REPORT

1. Is question 18, on the other side, answered correctly?	2. Does the date of birth given to you agree with that given to Agent?	3. What do you believe to be the age next birthday?	4. Race (White or Colored).
5. Height and Weight. (If over 15 years of age.)  ft.      in.      lbs.	6. Does the applicant appear to be in good health?	7. Is there any physical defect or infirmity?	8. Has the applicant ever been rejected by this or any other Company?
9. Has either parent or any brother or sister died of Consumption?	10. Does the applicant reside with any person suffering from Consumption? Relationship?	11. Have you reason to suspect intemperate habits, or, if female, immoral life?	
12. Has applicant within the past five years had any serious illness or injury: Spitting Blood, Habitual Cough, etc.? If yes, give date and particulars below.	13. Is the heart diseased?	14. Are the lungs diseased?	15. Do you detect disease of any kind?
16. Have you personally examined the applicant?	17. Where?	18. When? Day.      Month.      Year.	19. Is the life, in your opinion, a first-class, fair average, or poor risk?

REMARKS: Use this space for full particulars, if required.

Signature of party examined, or, if too young to write, of person applying for Child's Insurance.

I CERTIFY that the above answers are true and that I witnessed the above signature.

..... M.D.  
Medical Examiner.

### MEDICAL EXAMINER'S INSPECTION REPORT

A. WHAT DO YOU BELIEVE TO BE THE AGE NEXT BIRTHDAY?	B. IS THERE REASON TO SUSPECT INTEMPERATE HABITS, OR, IF FEMALE, IMMORAL LIFE?	C. RACE (WHITE OR COLORED).	D. HAS APPLICANT EVER BEEN REJECTED?
E. DID APPLICANT SIGN THIS APPLICATION ON OTHER SIDE?	F. WHERE DID YOU PERSONALLY SEE APPLICANT?	G. WHEN? Day.      Month.      Year.	H. DOES APPLICANT APPEAR TO BE IN GOOD HEALTH?

REMARKS: .....

Signature of party inspected, or, if too young to write, of person applying for Child's Insurance.

I CERTIFY that the above answers are true and that I witnessed the above signature.

..... M.D.  
Medical Examiner.





AGENT \_\_\_\_\_  
Asst. \_\_\_\_\_  
Supt. \_\_\_\_\_ District \_\_\_\_\_

APPLICATION FOR INDUSTRIAL INFANTILE LIMITED-PAYMENT LIFE AND ENDOWMENT POLICY IN  
**The Prudential Insurance Company of America**

FOR OFFICE USE. Examined by \_\_\_\_\_  
Incorporated as a Stock Company by the State of New Jersey  
HOME OFFICE, NEWARK, NEW JERSEY  
FOR OFFICE USE. Approved by \_\_\_\_\_

See that all questions are correctly answered before sending application to the Home Office, and thus avoid delay in issuance of policy.

Questions to be answered by the Parent or Guardian of the child whose life is proposed for insurance.

1. Full name of child to be insured? \_\_\_\_\_

No.	Street.	ADDRESS.	Town.	Floor.	Front or Rear.	Right or Left.

2. DATE OF BIRTH. (Be sure to get correct date of birth, as settlements will be made as per statement in this application.)  
Month. \_\_\_\_\_ Day. \_\_\_\_\_ Year. \_\_\_\_\_

3. AGE NEXT BIRTHDAY. \_\_\_\_\_

4. WEEKLY PREMIUM. \_\_\_\_\_  
**TEN CENTS.**

5. PLACE OF BIRTH. (State or Country.) \_\_\_\_\_

6. RACE. (White or Colored.) \_\_\_\_\_

7. SEX. \_\_\_\_\_

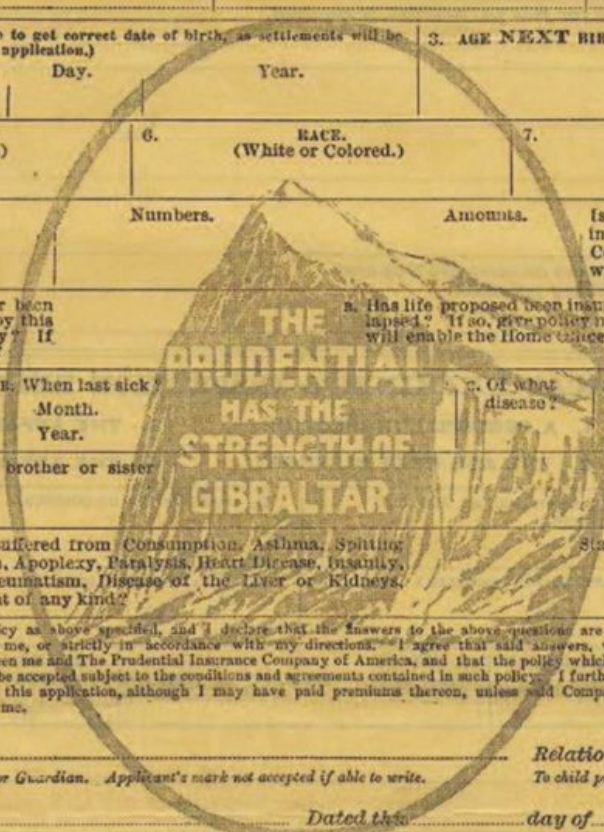
8. Is life proposed now insured in this Company? \_\_\_\_\_  
\* If so, state numbers and amounts of policies. \_\_\_\_\_

9. a. Has life proposed ever been rejected or postponed by this or any other Company? If so, by what Company? \_\_\_\_\_  
b. Has life proposed been insured in this Company and policy lapsed? If so, give policy number or other information that will enable the Home Office to locate it. \_\_\_\_\_

10. a. What is the present condition of health? \_\_\_\_\_  
b. When last sick? \_\_\_\_\_  
Month. \_\_\_\_\_ Year. \_\_\_\_\_  
c. Of what disease? \_\_\_\_\_  
d. Does any physical or mental defect or infirmity exist? \_\_\_\_\_

11. Has either parent or any brother or sister died of Consumption? \_\_\_\_\_

12. Has life proposed ever suffered from Consumption, Asthma, Spitting of Blood, Habitual Cough, Apoplexy, Paralysis, Heart Disease, Insanity, Fits or Convulsions, Rheumatism, Disease of the Liver or Kidneys, Cancer, Ulcers or Accident of any kind? \_\_\_\_\_  
State what disease. \_\_\_\_\_



I HEREBY APPLY for a policy as above specified, and I declare that the answers to the above questions are complete and true, and were written opposite the respective questions by me, or strictly in accordance with my directions. I agree that said answers, with this declaration, shall form the basis of a contract of insurance between me and The Prudential Insurance Company of America, and that the policy which may be granted by the Company in pursuance of this application, shall be accepted subject to the conditions and agreements contained in such policy. I further agree that no obligation shall exist against said Company on account of this application, although I may have paid premiums thereon, unless said Company shall issue a policy in pursuance thereof, and the same is delivered to me.

(Signature of Applicant) \_\_\_\_\_ Relationship \_\_\_\_\_  
To be made by the Parent or Guardian. Applicant's mark not accepted if able to write. To child proposed.  
Witness \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

**AGENT'S CERTIFICATE.**

This certificate must in all cases be signed by the Agent himself after the above questions are all answered and he has become satisfied that the life proposed is a first-class risk. It must also be signed by the Assistant Superintendent if he secured the application.

A. Is the Applicant a relative of yours? \_\_\_\_\_ State relationship. \_\_\_\_\_  
B. What amount of Premiums have you collected in advance? \_\_\_\_\_ cts

I CERTIFY that I have this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, personally seen the child proposed and questioned the Applicant herein named, and I recommend the Company to accept the risk.

Assistant Superintendent \_\_\_\_\_ Agent

\*If a policy is already in force in this Company on life proposed, and this application is for additional insurance, the policy must be sent to the Home Office attached to the application, which should be marked in the left-hand margin "ADDITIONAL."  
Ind 4439—Rev 11-09

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA.  
Incorporated as a Stock Company by the State of New Jersey  
HOME OFFICE, NEWARK, N. J.

No. \_\_\_\_\_, 19\_\_\_\_

Received from \_\_\_\_\_  
\_\_\_\_\_ cents, which is a payment on account of application this day made for insurance in the above-named Company. No obligation is incurred by said Company by reason of this payment, unless said application is accepted and a policy granted and delivered.

Corporate Agent. \_\_\_\_\_

Unless you receive your policy, or your money is returned within three weeks from the date of this receipt, please notify the Company, giving name of Agent, amount paid, and the date when paid.

39

### MEDICAL EXAMINER'S REPORT.

OBSERVE FOUR IMPORTANT POINTS: {

1. A PERSONAL EXAMINATION.	3. THE CONDITION OF HEALTH.
2. THE AGE NEXT BIRTHDAY.	4. APPLICANT'S SIGNATURE BELOW.

1. Is question 12, on the other side, answered correctly?	2. Does the date of birth given to you agree with that given to Agent?	3. What do you believe to be the age next birthday?	4. Race (White or Colored).
5. Does the child proposed for insurance appear to be in good health?	6. Is there any physical defect or infirmity?	7. Has the child ever been rejected by this or any other Company?	
8. Has either parent or a brother or sister died of Consumption?	9. Has child within the past five years had any serious illness or injury: Spitting Blood, Habitual Cough, etc.? If yes, give date and particulars below.		
10. Is the Heart diseased?	11. Are the Lungs diseased?	12. Do you detect disease of any kind?	
13. Have you personally examined the child?	14. When? Day.                      Month.                      Year.	15. Have you ever previously examined child proposed, and when?	
16. Is the life, in your opinion, a first class, fair average, or poor risk?			

REMARKS: Use this space for full particulars, if required.

Signature of party applying for {  
Child's Insurance.

I CERTIFY that the above answers are true and that the applicant signed in my presence.

M.D.

### MEDICAL EXAMINER'S INSPECTION REPORT.

OBSERVE FOUR IMPORTANT POINTS: {

1. A PERSONAL INSPECTION.	3. THE APPARENT HEALTH.
2. THE AGE NEXT BIRTHDAY.	4. THE APPLICANT'S SIGNATURE.

A. WHAT DO YOU BELIEVE TO BE THE ACTUAL AGE NEXT BIRTHDAY OF THE CHILD PROPOSED?	B. RACE (WHITE OR COLORED).	
C. HAS CHILD EVER BEEN REJECTED FOR INSURANCE?	D. DID APPLICANT SIGN THIS APPLICATION ON OTHER SIDE?	
E. DID YOU PERSONALLY SEE CHILD?	F. WHEN? Day.                      Month.                      Year.	G. DOES CHILD APPEAR TO BE IN GOOD HEALTH?

REMARKS:

Signature of party applying for {  
Child's Insurance.

I CERTIFY that the above answers are correct and that applicant signed in my presence.

M.D.

Medical Examiner.





AGENT \_\_\_\_\_ POLICY No. \_\_\_\_\_

Asst. Supt. \_\_\_\_\_ District \_\_\_\_\_

# APPLICATION FOR 20-YEAR INDUSTRIAL ENDOWMENT POLICY IN The Prudential Insurance Company of America

For Office Use. Examined by \_\_\_\_\_ Approved by \_\_\_\_\_  
Incorporated as a Stock Company by the State of New Jersey  
HOME OFFICE, NEWARK, NEW JERSEY

Questions to be answered by the person whose life is proposed for insurance if age is 15 years NEXT birthday or over, but if younger, by the Parent or Guardian.

1. Full name of person to be insured \_\_\_\_\_

No.	Street.	Town.	Floor.	Front or Rear.	Right or Left.
ADDRESS.					

Does applicant live in tenement on rear of lot?  Does applicant live in basement?  How many rooms occupied by family? \_\_\_\_\_ How many members of family, including boarders? \_\_\_\_\_

2. If employed, firm name and address \_\_\_\_\_

3. DATE OF BIRTH.	4. AGE NEXT BIRTHDAY.	5. AMOUNT OF INSURANCE.	6. WEEKLY PREMIUM.
Month. _____ Day. _____ Year. _____	_____	_____	_____ cts.

7. PLACE OF BIRTH.	8. RACE.	9. SEX.	10. MARRIED OR SINGLE.	11. OCCUPATION.
(State or Country) _____	(White or Colored.) _____	_____	_____	(Omit for lives less than 13 years.) _____

12. Is life proposed now insured in this Company?  If so, state numbers and amounts of policies. \_\_\_\_\_

13. a. Has life proposed ever been rejected or postponed by this or any other Company? If so, by what Company? \_\_\_\_\_

b. Has life proposed been insured in this Company and policy lapsed? If so, give policy number or other information that will enable the Home Office to locate it. \_\_\_\_\_

14. a. What is the present condition of health?	b. When last sick?	c. Of what disease?	d. Does any physical or mental defect or infirmity exist?
_____	Month. _____ Year. _____	_____	_____

15. Height and Weight. \_\_\_\_\_ ft. \_\_\_\_\_ in. \_\_\_\_\_ lbs.

16. Has either parent or any brother or sister died of Consumption? \_\_\_\_\_

17. Have you ever used liquor to excess? \_\_\_\_\_

18. Has life proposed ever suffered from Consumption, Asthma, Spitting of Blood, Habitual Cough, Apoplexy, Paralysis, Heart Disease, Insanity, Fits or Convulsions, Rheumatism, Disease of the Liver or Kidneys, Cancer, Ulcers or Accident of any kind? \_\_\_\_\_ State what disease. \_\_\_\_\_

I HEREBY APPLY for insurance for the amount herein named, and I declare that the answers to the above questions are complete and true, and were written opposite the respective questions by me, or strictly in accordance with my directions. I agree that said answers, with this declaration, shall form the basis of a contract of insurance between me and The Prudential Insurance Company of America, and that the policy which may be granted by the Company in pursuance of this application, shall be accepted subject to the conditions and agreements contained in such policy. I further agree that no obligation shall exist against said Company on account of this application, although I may have paid premiums thereon, unless said Company shall issue a policy in pursuance thereof, and the same is delivered to me.

Signature of Applicant. \_\_\_\_\_  
To be made by the person whose life is to be insured if 16 years old NEXT birthday, or over; but if younger, by the Parent or Guardian.

APPLICANT'S MARK NOT ACCEPTED IF ABLE TO WRITE. \_\_\_\_\_

Witness \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

### AGENT'S CERTIFICATE

This certificate must in all cases be signed by the Agent himself after the above questions are all answered and he has seen the party whose life is proposed for insurance and is satisfied that same is a first-class risk. It must also be signed by the Assistant Superintendent if he secured the application.

A. Is the applicant a relative of yours? _____	State relationship. _____	B. What amount of premiums have you collected in advance? _____ cts.
--	---------------------------	--

I CERTIFY that I have this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_, personally seen and questioned the applicant herein named, and I recommend the Company to accept the risk.

Assistant Superintendent \_\_\_\_\_ Agent \_\_\_\_\_

\*If a policy is already in force in this Company on life proposed, and this application is for additional insurance, the policy must be sent to the Home Office attached to the application, which should be marked in the left-hand margin "ADDITIONAL." If application is for increased or decreased insurance, and the existing policy is to be lapsed, a lapse schedule containing particulars of the policy, as well as the policy itself, must be attached to the application.

Ind 4644—Rev 12-09

Unless you receive your policy, or your money is returned within three weeks notify the Company, giving name of Agent, amount paid, and the date when paid.

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA.  
Incorporated as a Stock Company by the State of New Jersey  
HOME OFFICE, NEWARK, N. J.

No. \_\_\_\_\_, 19 \_\_\_\_\_

Received from \_\_\_\_\_

\_\_\_\_\_ cents, which is a payment on account of application this day made for insurance in the above-named Company. No obligation is incurred by said Company by reason of this payment, unless said application is accepted and a policy granted and delivered.

Agent \_\_\_\_\_

41

### INSTRUCTIONS FOR THE MEDICAL EXAMINER

When the amount of insurance applied for is \$250 OR OVER, or when the amount applied for together with any insurance previously issued and now in force on the same life EQUALS OR EXCEEDS \$250, a MEDICAL EXAMINATION is to be made by a regularly appointed Medical Examiner of the Company.

When the amount applied for or to be in force as specified in preceding clause is LESS THAN \$250, the regularly appointed Medical Examiner is to make a MEDICAL INSPECTION.

Applications upon which the signature of the applicant has been previously attached to the Medical Examiner's Report in space marked "Signature of party examined," or on which the signature is omitted under the declaration on the other side, in space marked "Signature of Applicant," should be sent to the Home Office without examination.

SEE THAT ALL QUESTIONS ARE CORRECTLY ANSWERED BEFORE SENDING APPLICATION TO THE HOME OFFICE, AND THUS AVOID DELAY IN ISSUANCE OF POLICY.

IMPORTANT POINTS: A PERSONAL EXAMINATION OR INSPECTION—THE AGE NEXT BIRTHDAY—THE HEALTH—THE APPLICANT'S SIGNATURE.

#### MEDICAL EXAMINER'S REPORT

1. Is question 18, on the other side, answered correctly?	2. Does the date of birth given to you agree with that given to Agent?	3. What do you believe to be the age next birthday?	4. Race (White or Colored).
5. Height and Weight. (If over 15 years of age.) ft.      in.      lbs.	6. Does the applicant appear to be in good health?	7. Is there any physical defect or infirmity?	8. Has the applicant ever been rejected by this or any other Company?
9. Has either parent or any brother or sister died of Consumption?	10. Does the applicant reside with any person suffering from Consumption? Relationship?	11. Have you reason to suspect intemperate habits, or, if female, immoral life?	
12. Has applicant within the past five years had any serious illness or injury: Spitting Blood, Habitual Cough, etc.? If yes, give date and particulars below.	13. Is the heart diseased?	14. Are the lungs diseased?	15. Do you detect disease of any kind?
16. Have you personally examined the applicant?	17. Where?	18. When? Day.      Month.      Year.	19. Is the life, in your opinion, a first-class, fair average, or poor risk?

REMARKS: Use this space for full particulars, if required.

Signature of party examined, or, if too young to write, of person applying for Child's Insurance.

I CERTIFY that the above answers are true and that I witnessed the above signature.

..... M.D.  
Medical Examiner.

#### MEDICAL EXAMINER'S INSPECTION REPORT

A. WHAT DO YOU BELIEVE TO BE THE AGE NEXT BIRTHDAY?	B. IS THERE REASON TO SUSPECT INTEMPERATE HABITS, OR, IF FEMALE, IMMORAL LIFE?	C. RACE (WHITE OR COLORED).	D. HAS APPLICANT EVER BEEN REJECTED?
E. DID APPLICANT SIGN THIS APPLICATION ON OTHER SIDE?	F. WHERE DID YOU PERSONALLY SEE APPLICANT?	G. WHEN? Day.      Month.      Year.	H. DOES APPLICANT APPEAR TO BE IN GOOD HEALTH?

REMARKS: .....

Signature of party inspected, or, if too young to write, of person applying for Child's Insurance.

I CERTIFY that the above answers are true and that I witnessed the above signature.

..... M.D.  
Medical Examiner.

